



## Commission for Health Advocacy and Equity Expression of Interest Form

The Commission for Health Advocacy and Equity (CHAE) brings together the expertise and experience of the state's health and human services, housing, transportation, education, environment, community development, and labor systems to develop a comprehensive health equity plan to address the socio-economic and environmental determinants of health. It is essential that the CHAE include Rhode Island's populations that experience disparities, including racial and ethnic minorities, people with disabilities, sexual and gender minorities, people with chronic health and/or behavioral health conditions, and those who have a working and practical knowledge of the social determinants of health and equity. For more information about the CHAE, please see: [health.ri.gov/partners/commissions/healthadvocacyandequity](http://health.ri.gov/partners/commissions/healthadvocacyandequity)

**Directions:** Please complete the form below if you are interested in serving on the Commission. Service on the CHAE is voluntary, and CHAE members are selected to represent a range of expertise that may inform public health planning and health equity. The Director of Health shall make all final appointments to the CHAE.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Please check all demographic characteristics that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Female   | <input type="checkbox"/> Hispanic or Latino  |
| <input type="checkbox"/> Male   | <input type="checkbox"/> Not Hispanic or Latino                                      |
| <input type="checkbox"/> Gender Minority (Trans, Genderfluid, Two-Spirit, other than Cisgender) |  |
| <input type="checkbox"/> American Indian or Alaska Native                                       | <input type="checkbox"/> Person with a Disability                                    |
| <input type="checkbox"/> Asian  | <input type="checkbox"/> Person in Recovery  |
| <input type="checkbox"/> Black or African American  | <input type="checkbox"/> Person with a Chronic Health or Behavioral Health Condition |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander                                    | <input type="checkbox"/> Sexual Minority (Lesbian, Gay, Bisexual, Queer)             |
| <input type="checkbox"/> White  |  |

**Please check the professional sector you represent:**

- |   |   |
|---|---|
| <input type="checkbox"/> Academia                     | <input type="checkbox"/> Government                 |
| <input type="checkbox"/> Advocacy                     | <input type="checkbox"/> Health Care Administration |
| <input type="checkbox"/> Behavioral/Mental Health     | <input type="checkbox"/> Health Care Provider       |
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> HMO / Insurer              |
| <input type="checkbox"/> Clergy                       | <input type="checkbox"/> Nursing                    |
| <input type="checkbox"/> Community Health Foundation  | <input type="checkbox"/> Private business           |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Public Health              |

Other (please specify): \_\_\_\_\_

**Please list any qualities, skills, or involvement that supports consideration. (Feel free to include your resume or CV.)**

**As a member of the Commission for Health Advocacy and Equity, I understand that I am expected to attend all Commission meetings. In addition, I will attend subcommittee meetings and actively participate.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Questions and/or completed applications should be directed  
to: Michelle Wilson  
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